

INDIVIDUALS IN INSTITUTIONS—SPECIAL INCOME LEVEL**H-800****H-800 GENERAL INFORMATION**

Medicaid coverage is available to individuals in institutions whose incomes fall below a Special Income Level (SIL), previously called CAP. This includes individuals in:

- medical facilities
- SNF/NF facilities
- ICF/**DD** facilities

Note:

Individuals who have or expected to receive Home and Community Based (Waiver) Services (H-900) for 30 days or longer may be considered under the Special Income Level since Home and Community Based (Waiver) Services are in lieu of institutional care.

The Special Income Level (SIL) may vary by the level of institutional (hospital, SNF/NF, ICF/**DD**) care needed by the individual.

In determining the eligibility of individuals under the Special Income Level, no income deductions or disregards are allowed. The individual's gross income is compared to the appropriate Special Income Level (SIL) Standard.

Eligibility under the Special Income Level (SIL) is applicable to a period of institutionalization not less than 30 consecutive days. Refer to Continuity of Stay (I-400)

H-810**LONG TERM CARE (LTC)–GENERAL INFORMATION****Institutionalization Covered by LTC Program**

An applicant/recipient may be eligible for Medicaid services in the LTC program if he is a resident of:

- a Title XIX certified nursing facility,
- a Medicare certified SNF/NF facility, including a swing-bed facility, or
- a Title XIX certified ICF/**DD** facility.

Note:

At each application for long term care, complete the BHSF Form LTC/CS to document freedom of choice for institutional care or waiver services. At renewal, complete the form only for HCBS cases.

Medicaid Nursing Facilities

A Medicaid Nursing Facility is certified as either:

- a Medicare SNF/NF, including a swing-bed facility, or
- a NF.

A SNF/NF is approved and enrolled to provide Medicare Skilled Care. It can also provide Medicaid SNF, ICF I and ICF II services.

Note:

Swing beds are beds located in small rural hospitals that change or "swing" from acute care hospital beds to Medicare SNF nursing facility beds, depending on the medical need of the occupant. The applicant/recipient is not required to move from one type facility to another as his medical needs change.

H-810 Continued

A NF facility is approved and enrolled to provide Medicaid SNF, ICF I and ICF II services. **It cannot provide Medicare SNF services.

H-810.1 Coverage

Medicaid will pay all or part of the facility fee, *in addition to the full range of Medicaid services***, if the applicant/recipient is eligible. The Medicaid payment to the facility is referred to as the vendor payment.

The amount of vendor payment is determined by the Fiscal Intermediary using patient liability amount and level of care.

Medicare Part A

In SNF/NF facilities, Medicare Part A covers SNF services. Refer to H-840.

H-810.2 Medical Certification

The medical certification determination is different from the disability determination. Refer to E-0000, Category.

Care is given and payment is made in nursing facilities according to the specific medical needs of the resident. Medical needs are grouped into three separate levels:

- SNF, including SNF/ID (Infections Diseases), SNF/TDC (Technology Dependent Care), and SNF/NRTP (Neurological Rehabilitation Treatment Program,
- ICF I, or
- ICF II.

H-810.2 Continued

ICF/**DD** facilities are certified to provide ICF/MR services only.

Before LTC vendor payment can be authorized for any applicant/**enrollee**, an evaluation of the individual's medical needs is completed by the facility and the applicant/**enrollee's** physician and a level of care is recommended.

An evaluation of the recommended level is made by Health Standards Regional Office to determine the need for nursing care and the level of care required. The decision may be for a different level of care than the recommended level or that nursing care is not the appropriate placement for the applicant/**enrollee**.

Approval, or medical certification, is required each time there is a change in level of care, whether or not there is a change in facility.

The medical certification form (BHSF Form 142) is issued by the Health Standards Regional Office.

The medical certification form documents the:

- approval or disapproval of level of care, and
- effective date of level of care approval.

Note:

For applicant/**enrollees** admitted to SNF/NF or NF with a primary diagnosis of mental retardation or mental illness, the medical certification may be delayed awaiting a second level screening. The first day of eligibility for LTC can be no earlier than the date the second level screening is completed.

H-810.3 Patient Liability

Patient liability is the amount the recipient must pay the LTC facility. It is **based on** the amount of income remaining after allowable deductions.

***** At certification when the patient liability amount for the retroactive period is different than the ongoing months the retroactive segments may be entered on MEDS as open/closed segments. After the retroactive segments are entered the current ongoing segment should be entered.***

At LTC certification of an SSI recipient, enter the retroactive segment on MEDS as an open/closed segment prior to entering the on going segment.**

H-810.4 Optional State Supplement

Optional State Supplement (OSS) is a state-funded payment of up to \$8.00 made to certain LTC recipients to help meet their personal care needs.

This payment is not available to:

- SNF/***** Medicare*** recipients,
- C-related recipients in an LTC facility,
- ***SSI recipients temporarily in a facility for three months who continue to receive full SSI check, or***
- ***recipients of HCBS.***

An OSS payment is issued to LTC recipients whose gross income is less than the \$38.00 personal care needs amount. Refer to H-831.6, Post Eligibility Determination.

H-810.5 Categories F (06), V (22), I (08), and O (15)

OCS/OYD are responsible for determining eligibility for LTC and patient liability for children in state custody who are certified in Categories F, V, and I.

H-810.5 Continued

A Medicaid eligibility determination is required for a child in state custody who is certified in the state-funded Category O. Refer to H-821, Eligibility Determination Process—LTC - C-Related.